FGM003

1.

Application to vary, extend or discharge a Female Genital Mutilation (FGM) Protection Order

To be completed by the court		
Date issued		
Case no.		

Part 1 of Schedule 2 to the Female Genital Mutilation Act 2003

Name the court to which you are applying:	
Note: the application should be made to the (whether or not this is the court which made to the About you (the applicant) Full name	court currently dealing with the FGM proceedings the order you wish to vary).
ruii name	
· ·	e known to the respondent leave this space blank e Confidential address form C8. See notes on page 7.
Address	Phone no. (optional)
	Date of birth (if under 18 years)
Postcode	
If you are already a party to the case, give you	r description.
Your solicitor's details – if you are representi Solicitor's name	ng yourself leave blank
Name of firm	
Address	Reference no.
	Phone no.
Postcode	Fax no.
DX no.	Fee account no.

2.	About you (the applicant)				
	I am applying to				
	vary (give details below)				
	extend (give details below)				
	discharge				
	the order dated				
	If you are applying for an order to be varied or extended , please give details of the order which you would like the court to make.				
3.	Your reason(s) for applying				
	State briefly your reasons for applying				

4. Persons to be served with this application

State the title, f	full name and	address (w	here known) of
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- all respondents
- the person protected by the order, and
- any other person named in the order.

5. Statement of truth

*[I believe] *[The applicant believes] that the facts stated in this application are true.

*I am duly authorised by the applicant to sign this statement.

Print full	name			
Name of	applicant solicitors firm			
ivarrie or	аррисант зонстогз нин			
Signed		Dated		
	(Applicant) (Applicant's solicitor)			

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth

*delete as appropriate